


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jul 31, 2006 8:00 am
Secretary of State

05-08-2006 90293 050 ***150.00

DOCUMENT # P01000017715 1. Entity Name LA RIVE, INC.	
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Principal Place of Business 3201 WEST GRIFFIN ROAD SUITE 106 FORT LAUDERDALE, FL 33312	Mailing Address 3201 WEST GRIFFIN ROAD SUITE 106 FORT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1078491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DECKELBAUM, GORDON 3201 WEST GRIFFIN ROAD SUITE 106 FORT LAUDERDALE, FL 33312

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECKELBAUM, GORDON 3201 WEST GRIFFIN RD #106 FORT LAUDERDALE, FL 33312
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/21/06</u> <u>(954) 965-3696</u> <small>Date Daytime Phone #</small>
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